



Library of Michigan

717 W. Allegan, PO Box 30007, Lansing, MI 48909-9775

FY 1998/99 PUBLIC LIBRARY ANNUAL REPORT

SECTION B: REPORTING YEAR INFORMATION State Aid Application

This Annual Report or a Letter of Intent to File an Annual Report must be postmarked on or before **February 1, 1999** to be eligible to receive state aid.

See instructions for clarification on how to complete this form. Refer questions regarding this form to Denise Sachau at dsachau@libofmich.lib.mi.us or (517) 373-5867.

Unless otherwise indicated, all information requested is for the Main Library and all Branches, for the most recent fiscal year completed prior to 10/01/98.

For the report period: ____/____/____ to ____/____/____
mo day yr mo day yr

PART I: ADMINISTRATIVE ENTITY INFORMATION

LEGAL NAME OF MAIN LIBRARY			
STREET ADDRESS (NUMBER, STREET, ETC.)		CITY	ZIP+4
PHONE NUMBER	COUNTY		
LIBRARY COOPERATIVE			
LIBRARY ORGANIZATION TYPE			
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> School District <input type="checkbox"/> Township <input type="checkbox"/> Village			
ADMINISTRATIVE STRUCTURE			
<input type="checkbox"/> Administrative entity only		<input type="checkbox"/> Administrative entity with multiple direct service outlets where administrative offices are not separate.	
<input type="checkbox"/> Administrative entity with multiple direct service outlets where administrative offices are separate.		<input type="checkbox"/> Administrative entity with a single direct service outlet.	

The Federal definition of a Public Library is based on the following criteria.

Check all that apply:

- ☐ Library has an organized collection of printed or other library materials
- ☐ Library has paid staff
- ☐ Library has an established schedule in which services of the staff are available to the public
- ☐ Library has facilities necessary to support collection, staff, and schedule
- ☐ Library is supported in whole or in part with public funds

PART II: HOURS OPEN AND SQUARE FOOTAGE SUMMARY

Complete every box. Leave no box blank. Enter "0" (zero) if none.

Outlet Type	Number operated during reporting year A	State Aid unduplicated scheduled average hours per week B	Total annual public service hours for the reporting year C	Total Square Footage D
Central Library(ies)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch(es)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bookmobile(s)	<input type="text"/>	Not applicable for state aid	<input type="text"/>	Not applicable
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART III: PAID STAFF

If updates are required, record the reporting year information in the blank boxes. Complete every box. Leave no box blank. Enter "0" (zero) if none.

Report figures as of the last day of the reporting year. Include all positions funded in the library's budget whether those positions are filled or vacant.

	Employee Category	Number of paid employees in this category	Total hours per week worked by these employees	Full Time Equivalents Total hours/40
1.	ALA-MLS Librarians	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Total Librarians (including #1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	All other staff paid from library's budget, including security and maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Paid Employees (line 2 + line 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART VI: OPERATING EXPENDITURES (Use whole numbers only)**Complete every box. Leave no box blank. Enter "0" (zero) if none.****A. Staff Expenditures**

Category	Total
Salaries & Wages	<input type="text"/>
Employee Benefits	<input type="text"/>
Total Staff Expenditures	<input type="text"/>

C. Operating Expenditures for Electronic Access

Total
<input type="text"/>

D. Other Operating Expenditures

Total
<input type="text"/>

B. Collection Expenditures

Category	Total
Books/Print Materials	<input type="text"/>
AV/Non-Print Materials	<input type="text"/>
Subscriptions (non-electronic format)	<input type="text"/>
Library Materials/ Subscriptions in ElectronicFormat	<input type="text"/>
Total Collection Expenditures	<input type="text"/>

E. Total Operating Expenditures

Total
<input type="text"/>

PART VII: CAPITAL OUTLAY (Use whole numbers only)

Category	Total
Capital Expenditures for Electronic Access	<input type="text"/>
Furnishings and Equipment Expenditures	<input type="text"/>
Building Expenditures	<input type="text"/>
Total Capital Expenditures	<input type="text"/>

PART VIII: LIBRARY COLLECTIONS**Complete every box. Leave no box blank. Enter "0" (zero) if none. If exact amount is unknown, enter estimate.**

Category	Units at Start of Year	Units Added	Units Withdrawn	Units at Year End
Book/Serial Volumes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Audio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Video	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriptions (non-electronic format)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of library materials/subscriptions in electronic format	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Total
				<input type="text"/>

PART IX: SERVICES

Complete every box. Leave no box blank. Enter "0" (zero) if none. If exact amount is unknown, enter estimate.

A. Library Visits

<input type="text"/>

B. Children's Program Attendance

<input type="text"/>

C. Circulation Transactions

Total Circulation	<input type="text"/>
Circulation of Children's Materials	<input type="text"/>

D. Reference Transactions

<input type="text"/>

E. Interlibrary Loans

Number of items loaned to other libraries	<input type="text"/>
Number of items borrowed from other libraries	<input type="text"/>

F. Access to Electronic Services

Did your library provide access to electronic services (e.g. bibliographic and full-text databases, multi-media products)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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G. Access to the Internet

Did your library have access to the Internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your library had Internet access, Internet was used by (select one):		
<input type="checkbox"/>	Library staff only	
<input type="checkbox"/>	Patrons through a staff intermediary only	
<input type="checkbox"/>	Patrons either directly or through a staff intermediary	

PART X: CERTIFICATION OF PUBLIC LIBRARY PERSONNEL

[illegible]

Level Code*	Certificate	Eligibility Qualifications
I	Librarian's Permanent Professional Certificate	MLS with 4 or more years' professional experience
II	Librarian's Professional Certificate	ALA accredited Master of Library Science degree
III	Special Professional Certificate	Master's degree in any subject
IV	Limited Professional: Class A	Bachelor of Library Science or Library School enrollment
V	Limited Professional: Class B	Bachelor's degree in any subject
VI	Library Technician's Certificate	Accredited Associate of Library Technology degree
VII	Certificate of Library Experience	Beginning Workshop; must renew every 3 years

PART XI: CERTIFICATION OF INFORMATION

I certify that the information provided on this application truly represents the library’s activities and that the financial information can be verified by audit.

Authorized Official Name and Title

Type or Print Name

Title

Date

Signature (Original Signature Only)

**Contact Person Name and Title
(If different than authorized official)**

Type or Print Name

Title

Date

Signature (Original Signature Only)

Contact Person Phone Number